IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Holistic Approach To Periungual Wart Treatment- Evidence Based Homoeopathic Case Study

Dr. Ruchi Sahu

Associate Professor
Department of Pathology,
Shree Swaminarfayan Homoeopathy College, kalol, Gandhinagar

Abstract: Periungual warts, caused by the human papillomavirus (HPV), are common benign lesions that occur around the fingernails or toenails, often leading to pain, discomfort, and interference with nail growth. It is most commonly seen in children and young adults , affecting approximately 10- 20% of the case with. Although this condition is not life-threatening, it is challenge to treat with the traditional treatments such as cryotherapy, salicylic acid, and electrodesiccation have varying degrees of success, but recurrence remains common.

Case summary – This case report explores the homeopathic treatment of a 27-year-old female with periungual warts using individualized remedies, specifically *Thuja* and *Causticum*. The patient had a history of stress and mild discomfort due to cauliflower-like growths around her fingernails. After homeopathic treatment, the warts significantly reduced in size, shrank, and eventually resolved without recurrence. Emotional stress and viral predisposition were considered significant factors in the patient's susceptibility to warts. The outcome was positive, with no new lesions and improved general well-being. This case highlights the potential of homeopathy as a holistic and individualized treatment approach for periungual warts, emphasizing the importance of addressing both physical symptoms and underlying emotional factors. Further research with larger sample sizes is required to establish the efficacy of homeopathic remedies for wart management.

Index Terms *- Warts, Periungal, Homoeopathy, Causticum, Holistic approach*

I. INTRODUCTION

Warts, or Verruca Vulgaris, are benign epithelial proliferations caused by the Human Papilloma Virus (HPV), with diverse variants that manifest depending on the anatomical location of the infection. Among these variants, Periungual warts, which occur around the fingernails or toenails, represent a significant clinical concern. These warts can present in different orientations—either lengthwise or sidewise—and may either encompass the nail or form raised rounded masses around it. Initially, they appear as small, shiny, smooth, and translucent lesions, often discrete in nature. Over time, these lesions grow in size, typically reaching a pea-like dimension, becoming rough, and acquiring a brown-grey or black, often horny, texture.

A related condition, Subungual warts, occurs beneath the nail and can be particularly painful. Both Periungual and Subungual warts result from infection with HPV, a virus with numerous variants. HPV is typically transmitted via direct skin-to-skin contact or through contaminated surfaces, initiating infection in the superficial layers of the skin. Once the virus enters the skin, it infects the basal cells, leading to the production of infectious viral particles, ultimately resulting in wart formation. Specific HPV types, such as HPV1, 2, 4, 5, 7, 27, and 57, are most commonly associated with Periungual warts. The incubation period for HPV can extend up to a year, with warts often developing and growing over this period.

Periungual warts are particularly prevalent in children and young adults, with nail-biting behavior being a major contributing factor. Additionally, individuals with prolonged exposure to water or those with compromised immune systems are at heightened risk. While small periungual warts are generally non-painful, they can become painful as they enlarge. Moreover, these warts can disrupt normal nail growth, cause skin fissuring around the nail, and lead to cuticle disfigurement.

Warts are generally considered benign lesions, though they are highly contagious and can be transmitted via both direct and indirect contact. HPV predominantly affects the epithelial layers of the skin, with systemic dissemination being rare. The viral replication primarily occurs in the upper layers of the epidermis, with the viral particles also found in the basal layer.

The progression of Periungual warts often leads to inflammation, fissuring, and tenderness, and recurrences are common following treatment. Treatment options for periungual warts include electrodesiccation, cryotherapy, chemical cautery (e.g., using salicylic acid, lactic acid, trichloroacetic acid (TCA), and podophyllin), and laser therapy. However, these conventional treatments have varying degrees of efficacy and are often associated with recurrence, skin disruption, and secondary infections.

While conventional therapies offer various modalities, they may not always be effective, particularly in cases of deep or persistent warts. Homeopathy, by contrast, offers a more individualized, holistic approach to treatment, addressing the underlying causes and patient-specific susceptibilities. Classical homeopathy aims to restore balance by considering the constitutional, emotional, and physical state of the individual. Given the potential side effects and inefficacies of conventional treatments such as cauterization, many patients have turned to homeopathy as a safer, less invasive option for treating Periungual warts.

This case report explores the management of severe Periungual warts using individualized homeopathic remedies, emphasizing the role of homeopathy in treating infective skin conditions like warts. Numerous studies have examined various treatment modalities for Periungual warts, including both surgical and non-surgical approaches. The phenotypic assessment of warts—considering factors such as the fundamental causes, maintaining causes, the patient's susceptibility, and immune response—plays a crucial role in determining the prognosis and guiding the homeopathic management of warts. This report further highlights the potential benefits of homeopathy in managing recurrent and troublesome warts, especially when conventional treatments fail.

Patient Information

A 27-year-old female presented with Periungual warts, characterized by the presence of lesions around the nail bed. The patient reported a gradual onset of small, firm, raised lesions surrounding her fingernails, which had been evident for the past 7 days. Over this period, the lesions had progressively increased in size. The patient noted that she had recently become engaged and had applied henna to her hands, attributing this to potential irritation or stress. She also mentioned experiencing a period of heightened stress, which she speculated could have contributed to a weakened immune response.

On examination, the warts appeared as cauliflower-like growths with a rough surface, predominantly affecting the fingers. The lesions were mildly uncomfortable, though no significant pain was reported. The patient denied any prior history of warts or other dermatologic conditions and was otherwise in good health, with no notable past medical history.

Given the association of Periungual warts with human Papilloma Virus (HPV) infection, the patient was initially advised by a dermatologist to pursue treatment options such as cryotherapy and salicylic acid application. In addition, strategies for stress management and immune system enhancement were discussed. However, concerned about the potential side effects and invasiveness of conventional treatments, the patient opted for a homeopathic consultation.

Clinical History

During the consultation, the patient provided a more detailed history. She described experiencing mild swelling and discomfort around the nail bed for the past month. These symptoms had worsened, coinciding with the development of the cauliflower-like appearance of the lesions. Initially, the presence of the warts had gone unnoticed due to the color of the henna, but the pain persisted. The growths consisted of soft, moist tissue, with no discharge or signs of infection. The patient denied any significant itching or pain related to temperature changes (hot or cold applications).

Psychosocial factors also emerged during the consultation. The patient described herself as "chubby" and of short stature, with a tendency toward anxiety, especially concerning her health.

She reported a specific fear of being touched by others, a fear of crowds, and a persistent fear of contracting an incurable disease. These anxieties appeared to be contributing factors to the patient's overall stress and potentially influencing her immune system's response to the warts.

Clinical Findings

Upon examination, the patient's vital signs were stable, with a blood pressure of 130/80 mm Hg and a pulse rate of 76 bpm. Local examination of the affected area revealed raised, cauliflower-like growths with a rough surface. The surrounding skin appeared moist, consistent with the characteristic presentation of Periungual warts. There was no significant tenderness, and the warts were not discharging any fluids.

Discussion and Management Plan

Given the patient's history, the presence of Periungual warts, and her psychosocial factors, a comprehensive treatment plan was devised that took into account both her physical symptoms and emotional wellbeing. The patient was advised to continue managing stress and anxiety, which could be contributing to her condition, and to seek a balanced approach to treatment. Homeopathic remedies were considered, with an individualized treatment plan designed to address both the physical manifestations of the warts and the underlying constitutional factors contributing to the patient's vulnerability.

The patient was educated on the nature of Periungual warts and the role of the immune system in their development, with an emphasis on lifestyle modifications and immune-boosting strategies. The homeopathic approach aimed to provide a non-invasive, holistic alternative to conventional treatments, addressing both the patient's physical and emotional health concerns. Regular follow-up was recommended to monitor progress and adjust treatment as needed.

Diagnostic assessment – The case was diagnosed as Periungal wart based on the presenting characteristics (raised, thick pointed/ elevated skin surface just like that of a cauliflower)

Therapeutic intervention – The totality of symptoms was built using Boger's approach having peculiar symptoms of location and sensations.

The following symptoms were considered for totality –

- Warts sensitive to touch
- Warts painful to touch on fingers
- Warts jagged
- Warts with rough edges
- Warts pointed like horns
- Warts are soft like sponge
- Warts with horny top
- Warts on fingers
- Warts on tip of finger

In total, 9 rubrics were used for repertorisation using Complete repertory in ZOMEO software[13] [Figure 1]. The shortlisted remedies were differentiated on the basis of their respective indications [Table 1]. Causticum was selected with the knowledge of homoeopathic materia medica.

The initial prescription of Thuja was made due to its known efficacy in treating warts that are large, raised, and often appear in clusters, particularly those found on the hands or feet. Thuja is frequently selected when warts exhibit rapid growth and are associated with abnormal skin development. On the other hand, Causticum was prescribed for warts that are painful, located near the nail beds, or in areas with heightened sensitivity. Causticum may be especially beneficial when warts are linked to underlying emotional factors, such as grief or frustration. Additionally, Causticum is indicated for individuals who tend to develop warts and experience cracked skin. The selection of these remedies was based on the totality of the patient's symptoms and constitutional factors.

It is essential to consult a qualified homeopath who considers the patient's unique symptoms and overall health profile when prescribing treatment. Homeopathy operates on an individualized approach, with remedies tailored to the specific needs of each case.

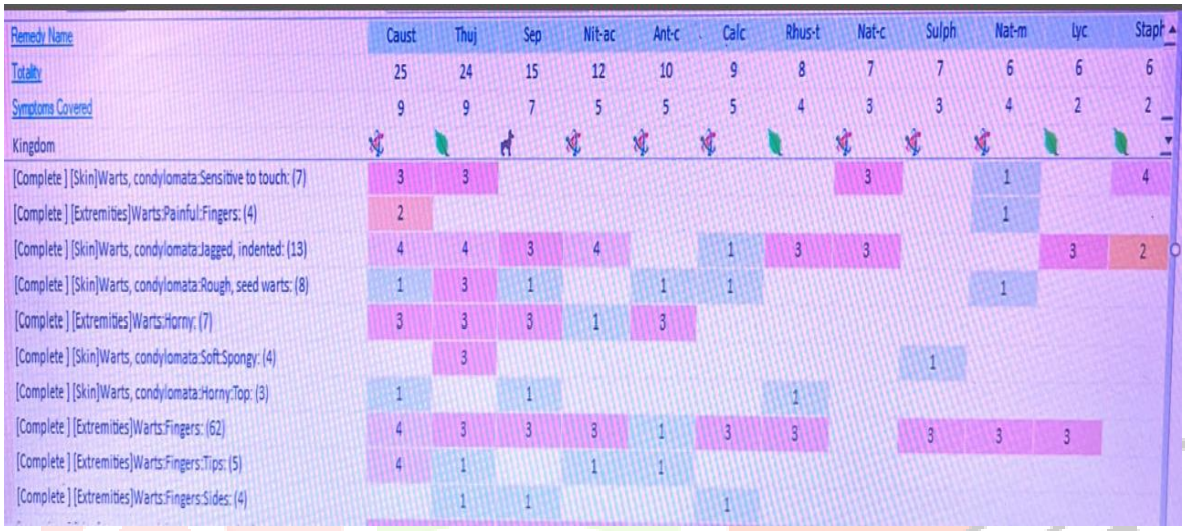
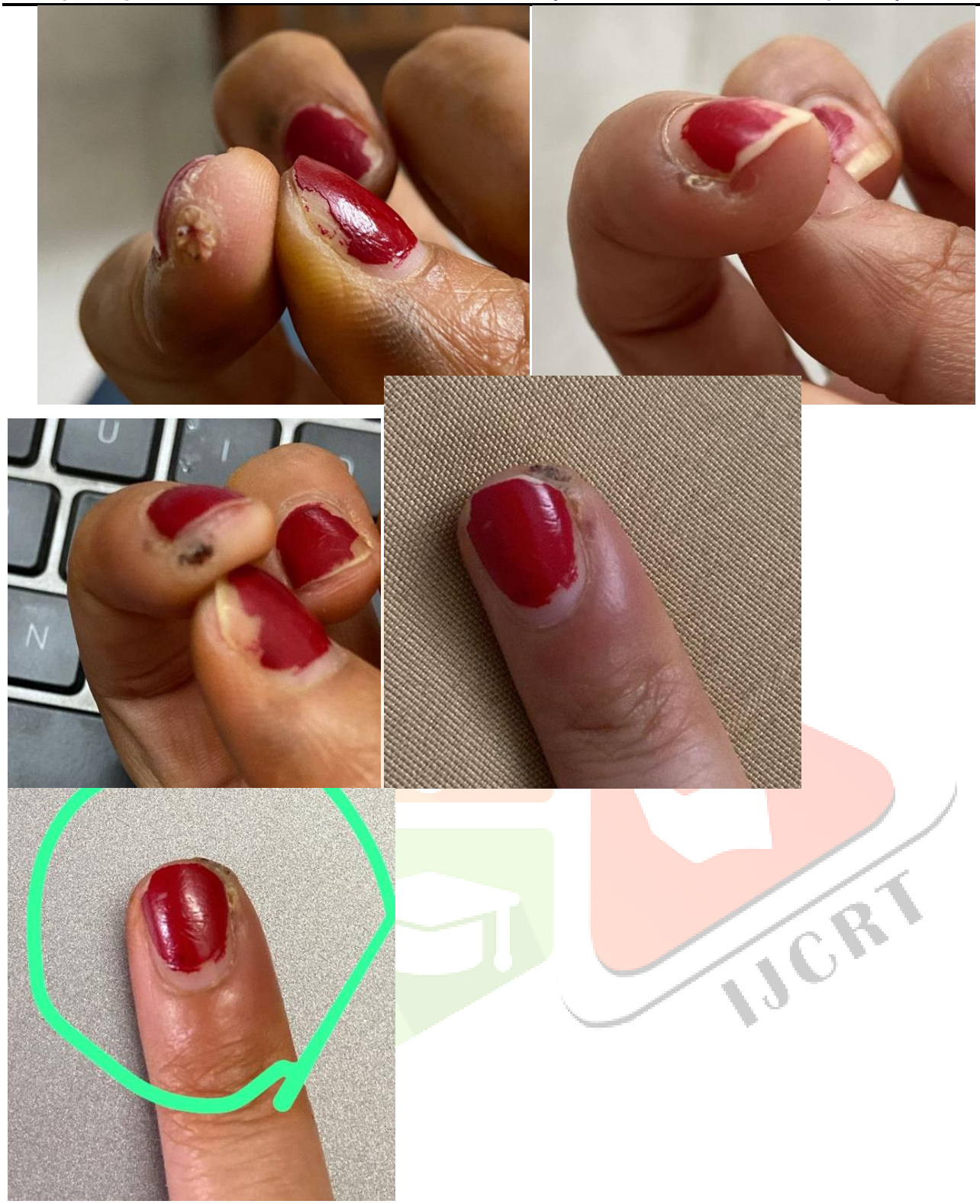


Figure 1: Repertorial Totality

Table 1: Remedy differentiation –

Features	Thuja	Causticum	Nitric Acid
	The tendency of thuja patient is to throw out warts like excrescences which are soft and pulpy and very sensitivethey burn itch and bleed easily when rubbed the clothung .horny excrescences that form on the hands and spilt open form upon a pedicle and crack around the base . Cauliflower excrescences upon the cervix uteri;about the anus ,about the labia majora and mucous membrane generally.	Warts; seedy, large, jugged, bleeding easily, ulcerating; on tip of fingers, nose, lids, brows. Another very strong feature of this medicine is its tendency to grow warts. Warts on the face, on the tip of the nose, on the ends of the fingers, on the hands. Hard, dry, horny warts come out on various parts of the body.	Warts large, jagged, bleed on touch or washing. Ulcers bleed easily, sensitive; splinter-like pains; zigzag, irregular edges; base looks like raw flesh.



Follow-up and Outcomes:

A comprehensive follow-up of this case is presented in the accompanying table. The case was evaluated using the follow up criteria and the observed changes in the patient's signs, symptoms, and overall well-being. In this case, no new lesions or recurrences were observed. Changes in the characteristics of the warts before and after treatment are illustrated in the figure.

Causticum was administered according to the following schedule: After one week of homeopathic treatment, the patient reported a noticeable reduction in both the size and pain associated with the warts. By the second week, the warts began to show signs of resolution, including darkening, drying, and shrinkage. By the third week, the warts had shed naturally, without discoloration, pain, swelling, or scarring, and no recurrence was noted. The patient also reported a decrease in emotional stress and an overall improvement

in well-being. Subsequent follow-ups indicated continued reduction in both the size of the warts and the patient's discomfort. Thuja, as an anti-miasmatic remedy, was administered only once.

Discussion:

Homeopathy presents a unique therapeutic approach, focusing on the holistic management of medical conditions by treating the patient as a whole, rather than merely addressing individual symptoms. This treatment strategy is based on the principle of symptom similarity and individualization, which allows for tailored interventions based on the patient's unique presentation.

Recent case studies have demonstrated the efficacy of various homeopathic remedies in the treatment of warts, including Dulcamara, Ferrum picricum, Graphites, Nitric acid, Thuja occidentalis, and Causticum, among others. These remedies have shown effectiveness across different types and locations of warts.

The homeopathic process of case-taking plays a critical role in understanding the individuality of the patient, aiding in the selection of the most appropriate remedy. After a comprehensive assessment, Causticum was selected as the similimum based on the totality of the patient's symptoms, informed by the Materia Medica. Although Causticum was indicated first in the repertorial analysis, the prominence of specific symptoms led to its selection as the most suitable remedy.

Periungal warts, a viral infection typically forming around the fingernails and toenails, are often considered a manifestation of the sycotic miasm. Deep-acting medicines, such as those used in this case, play a pivotal role in addressing the underlying miasmic tendencies. The action of these remedies is subtle, potent, and penetrating, enabling them to reach deeper layers of the miasm and promote healing at a fundamental level. As such, these remedies are suitable for use as intercurrent medicines, acting as bridges between two remedies to facilitate healing by eliminating any barriers in the treatment process.

The principles outlined by Dr. Kent, Dr. Hahnemann, and Dr. Stuart Close regarding the timing and application of the second prescription guided the treatment plan. Dr. Kent emphasized that the timing of a second prescription is not fixed and may vary depending on the patient's progress, while Dr. Stuart Close advocated for ceasing the remedy once improvement is observed. These guidelines were crucial in shaping the follow-up treatment plan, as the remedy's effectiveness was assessed and adjustments were made accordingly.

Both Causticum and Thuja are frequently used in homeopathy to treat various skin conditions, including warts. Causticum is typically indicated for warts that are painful, hard, and located near sensitive areas such as the nailbeds. It is particularly useful when warts are linked to deep-seated emotional factors, such as grief or frustration. Thuja, on the other hand, is often prescribed for large, raised warts, particularly when they appear in clusters or are found on the hands or feet. It is especially effective in cases with a viral predisposition or a weakened immune system, as seen in the present case. Thuja is often chosen when warts show rapid growth or exhibit a tendency toward abnormal skin growth, which was characteristic of this patient's presentation. Homeopathy's individualized approach ensures that remedies are tailored to the specific constitution and symptoms of each patient.

This case supports the hypothesis that Causticum and Thuja may be effective in the homeopathic treatment of periungual warts, particularly when emotional stress and viral predisposition are contributing factors. By considering both physical and emotional aspects of the patient's health, individualized homeopathic remedies offer a holistic approach to wart management. Further research, including larger sample sizes and controlled studies, is needed to better understand the efficacy of these remedies in treating similar cases.

Moreover, the use of an intercurrent remedy demonstrated its potential in facilitating a positive response to the indicated treatment. The patient experienced overall improvement, with no new lesions emerging. A placebo was administered during subsequent follow-ups to allow for continued curative action without the need for repeated doses of active treatment.

This case report supports the efficacy of a holistic approach in the homeopathic management of periungual warts, grounded in the principles of homeopathic medicine and the depth of its therapeutic actions as outlined in the Organon of Medicine. The individualized treatment strategy, informed by a comprehensive understanding of the patient's constitutional history and symptomatology, contributed to the successful management of the periungual warts.

The patient's constitutional characteristics played a crucial role in tailoring the treatment approach, which facilitated positive progress and clinical improvement. While this case provides valuable insights, it is important to acknowledge that causal relationships between the homeopathic intervention and the observed outcomes can only be conclusively established through further research. Larger, controlled studies are warranted to assess the effectiveness of homeopathic remedies in the treatment of periungual warts and to verify the generalized ability of these findings.

Table 2: Follow up

Date	Follow- up	Prescription	Justification
20/4/2024	Moist pointed cauliflower like wart, Soft & red Swelling present.	Thuja 1M (single dose) Causticum 200 (twice a day) for 3 days	Indicated prescribed based on totality of symptoms
24/4/2024	More pointed out appearance, dried and blackened tissue, swelling >+ mild itching+	Causticum 200 once a day for 3 days	Patient showed improvement in particulars, Lesions showed dryness with very less intensity. No new patches were seen
4/5/2024	Only mild swelling present, Shredded off horny tissue. Edges quiet ugly	Placebo twice day for 5 days	As per Kent's observation and guidelines of the second prescription demand a new treatment plan. As there was significant relief to the patient the second prescription was considered to be Placebo
10/4/2024	Slight discoloration present Swelling absent	Placebo once a day for one week	

Conclusion –

This case report validates the application of holistic approach of Homoeopathy in the management of Periungal Warts, based on the understanding the action of action of medicine and its depth of actions from the study of Homoeopathy, integrating with organon of Medicine. This holistic understanding of the case lead to proper treatment of periungal warts.

The patients constitutional history helped to be important observation which helped to the patient and continue with the progress. However cause and effect co-relation can be established through single case report. Further studies on large sample size can be done to assess the remedy in case of Periungal warts.

Declaration of patient consent –

Patient's consent was obtained to disseminate the clinical information and display images on a scientific platform.

Financial support and scholarship – NA

Conflict of interest - None declared.

References –

1. Sterling J C. virus infections. In: Burns T, Breathnach S, Cox N, Griffiths C. Rook's Textbook of Dermatology 7th ed. Blackwell Science. 2004. P25.39-25.46.
2. Sterling JC, Handfield Jones S, Hardson PM, British association of dermatology: guideline for management of cutaneous warts. Br J Dermatol 2001;144:4-11.
3. Altalhab S. Complete clearance of periungual warts in an immunocompromised patient using diluted intralesional bleomycin. *Dermatol Reports*. 2022 Nov 30;14(4):9490. doi: 10.4081/dr.2022.9490. PMID: 36545271; PMCID: PMC9761321.
4. Sarah A. Mullen, Systematic Review of Intralesional Therapies for Cutaneous Warts, *JID Innovations*, Volume 4, Issue 3, 2024, 100264, ISSN 2667-0267
5. Jaiswal A, Gupta K, Sharma RP, Bedi G, Immunotherapy with PPD in treatment of warts: An open labelled study from western Uttar Pradesh, Indian J Clin Exp Dermatol 2019;5(1):41-45.
6. Kwok CS, Gibbs S, Bennett C, Holland R, Abbott R. Topical treatments for cutaneous warts. Cochrane Database Syst Rev 2012;2012:CD001781. 13. Labrecque M, Audet D, Latulippe LG, Drouin J. Homeopathic treatment of plantar warts. CMAJ 1992;146:1749-53. 14. Hahnemann CF. Organon of Medicine. New Delhi: B. Jain Publishers; 2008. 15. Mahajan N, Mahajan A, Bhinda A, Salodiya S. Homoeopathic treatment of viral warts with Calcarea phosphorica. Indian J Res Homoeopathy 2020;14:279-86.
7. Ringin SA. The Effectiveness of Cutaneous Wart Resolution with Current Treatment Modalities. *J Cutan Aesthet Surg*. 2020 Jan-Mar;13(1):24-30. doi: 10.4103/JCAS.JCAS_62_19. PMID: 32655247; PMCID: PMC7335473.
8. Oza PM. Homoeopathic management of warts. Indian J Drugs Dermatol 2016;2:45-47.
9. Dey S, Hashmi S, Saha S, Mandal M, Shaikh AR, Agrawal, E, et al. A randomized, double-blind, placebo-controlled, pilot trial of individualized homeopathic medicines for cutaneous warts. Homeopathy 2021;110:149-59
10. Sahoo AR, Barik B, Hati AK, Paital B. Right potency matters: A case report of homoeopathic treatment of verruca palmaris. Homoeopath Links 2018;31:204-8
11. Mahajan N, Mahajan A, Bhinda A, Salodiya S. Homoeopathic treatment of viral warts with Calcarea phosphorica. Indian J Res Homoeopathy 2020;14:279-86
12. Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. New Delhi: B. Jain Publishers; 2018
13. Hompath. ZOMEO LAN- Homoeopathy Software for Network of Computers. Available from: https://hompath.com.zomeolan [Last accessed on 2024 Nov 10]
14. Murphy R. Toxicity. In: Homoeopathic Medical Repertory. 3rd Revised ed. New Delhi: B Jain Publishers (P) Ltd.; 2009
15. Close S. Indispositions and the second best remedy. In: The Genius of Homoeopathy, Lectures and Essays on Homeopathic Philosophy. New Delhi: B Jain Publishers (P) Ltd; 1921
16. Hahnemann S, Boericke W. Organon of Medicine. 6th ed. New Delhi: B. Jain publishers (P) Ltd.; 2002.
17. Allen HC. Materia Medica of the Nosodes, with Provings of the X-Ray. New Delhi: B Jain Publishers (P) LTD.; 1921. p. 502-3, 553.
18. Kent JT. Prognosis after observing the action of the remedy. In: Lectures on Homoeopathic Philosophy. New Delhi; B Jain Publishers (P) Ltd.; 2006